ROCKY KNOLL HEALTH CARE FACILITY

N7135 ROCKY KNOLL PARKWAY

PLYMOUTH	53073	Phone: (920) 893-644	1	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	158	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	158	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/03:	154	Average Daily Census:	153

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No			Age Groups	용 용		18.2
Supp. Home Care-Personal Care	No			1		1 - 4 Years	52.6
Supp. Home Care-Household Services	No	Developmental Disabilities	3.9	Under 65	24.7	More Than 4 Years	20.8
Day Services	No	Mental Illness (Org./Psy)	29.9	65 - 74	14.3		
Respite Care	No	Mental Illness (Other)	37.7	75 - 84	28.6		91.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.9	95 & Over	5.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	4.5	65 & Over	75.3		
Transportation	No	Cerebrovascular	5.8			RNs	11.3
Referral Service	No	Diabetes	1.3	Gender	%	LPNs	7.3
Other Services	Yes	Respiratory	1.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.0	Male	37.7	Aides, & Orderlies	47.6
Mentally Ill	Yes	1		Female	62.3		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No			İ	100.0		

Method of Reimbursement

		edicare			edicaid		Other		Private Other Pay			:	Family Care				Managed Care	l 				
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Skilled Care	4	100.0	276	106	96.4	126	0	0.0	0	34	87.2	165	0	0.0	0	1	100.0	275	145	94.2		
Intermediate				4	3.6	106	0	0.0	0	5	12.8	165	0	0.0	0	0	0.0	0	9	5.8		
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	4	100.0		110	100.0		0	0.0		39	100.0		0	0.0		1	100.0		154	100.0		

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as o	E 12/31/0)3
Deaths During Reporting Period				otal				
Percent Admissions from:		Activities of	8		% Needing sistance of	% Totally		per of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Resi	idents
Private Home/With Home Health	4.9	Bathing	14.9		51.3	33.8	15	54
Other Nursing Homes	9.8	Dressing	29.2		42.2	28.6	15	54
Acute Care Hospitals	32.9	Transferring	40.3		32.5	27.3	15	54
Psych. HospMR/DD Facilities	40.2	Toilet Use	32.5		37.7	29.9	15	54
Rehabilitation Hospitals	0.0	Eating	58.4		23.4	18.2	15	54
Other Locations	2.4	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****	:*****
Total Number of Admissions	82	Continence		용	Special Trea	tments		용
Percent Discharges To:		Indwelling Or Extern	al Catheter	1.9	Receiving	Respiratory Care	1	L1.0
Private Home/No Home Health	18.3	Occ/Freq. Incontinen	t of Bladder	63.0	Receiving	Tracheostomy Care		0.6
Private Home/With Home Health	8.5	Occ/Freq. Incontinen	t of Bowel	38.3	Receiving	Suctioning		0.6
Other Nursing Homes	6.1				Receiving	Ostomy Care		4.5
Acute Care Hospitals	1.2	Mobility			Receiving	Tube Feeding		6.5
Psych. HospMR/DD Facilities	3.7	Physically Restraine	d	1.9	Receiving	Mechanically Altered 1	Diets 3	31.2
Rehabilitation Hospitals	0.0							
Other Locations	23.2	Skin Care			Other Reside	nt Characteristics		
Deaths	39.0	With Pressure Sores		4.5	Have Advan	ce Directives	7	74.0
Total Number of Discharges		With Rashes		5.2	Medications			
(Including Deaths)	82				Receiving	Psychoactive Drugs	7	74.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Government		100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group % Ratio		Group	Peer	Group	Faci	lities
	8	8			Ratio	ે	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	87.8	1.10	87.6	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	89.6	86.6	1.03	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	47.6	34.3	1.39	19.7	2.42	20.1	2.36	19.6	2.42
Admissions/Average Daily Census	53.6	71.2	0.75	167.5	0.32	155.7	0.34	141.3	0.38
Discharges/Average Daily Census	53.6	73.5	0.73	166.1	0.32	155.1	0.35	142.5	0.38
			0.73	72.1	0.32	68.7	0.33		0.36
Discharges To Private Residence/Average Daily Census	14.4	24.3						61.6	
Residents Receiving Skilled Care	94.2	89.5	1.05	94.9	0.99	94.0	1.00	88.1	1.07
Residents Aged 65 and Older	75.3	84.0	0.90	91.4	0.82	92.0	0.82	87.8	0.86
Title 19 (Medicaid) Funded Residents	71.4	74.5	0.96	62.7	1.14	61.7	1.16	65.9	1.08
Private Pay Funded Residents	25.3	17.8	1.43	21.5	1.18	23.7	1.07	21.0	1.21
Developmentally Disabled Residents	3.9	2.8	1.40	0.8	5.09	1.1	3.52	6.5	0.60
Mentally Ill Residents	67.5	55.2	1.22	36.1	1.87	35.8	1.89	33.6	2.01
General Medical Service Residents	13.0	17.5	0.74	22.8	0.57	23.1	0.56	20.6	0.63
Impaired ADL (Mean)	46.4	49.3	0.94	50.0	0.93	49.5	0.94	49.4	0.94
Psychological Problems	74.7	68.8	1.08	56.8	1.31	58.2	1.28	57.4	1.30
Nursing Care Required (Mean)	8.0	7.4	1.09	7.1	1.14	6.9	1.16	7.3	1.10
nursing care required (mean)	0.0	7.4	1.09	/ • I	1.14	0.9	1.10	1.3	1.10